

District 25 News

MAKIKI, TANTALUS, MCCULLY, PAPA KOLEA

APRIL 2008



Dear Friends & Neighbors,

As individuals and families face uncertain economic futures, the State Legislature has begun planning for diminishing state revenues. Most government agencies sustained budget restrictions imposed by the House and Senate.

The Legislature still focused on meeting the community's basic needs by funding important health and human service programs and creatively advancing bills like the e-waste bill to protect our environment.

As we move into the future, access to quality and affordable health care will continue to be a top priority for many of those in elected office, including myself. I have included in this month's newsletter a commentary by District 25 resident Max Botticelli. Just as I found it helpful in explaining the complexity of health care costs and pointing to solutions, I hope you find this article informative.

Although the 2008 legislative session will soon come to an end, please call my office at 586-9425 or email me at repbelatti@capitol.hawaii.gov if you have any questions.

Mahalo pumehana,

Della Au Belatti
State Representative, District 25

E-Waste Bill Moves Forward



Reduce- Reuse-Recycle E-Waste

Special Contributors
REPRESENTATIVES DELLA AU
BELATTI and MELE CARROLL and
SENATORS RUSSELL KOKUBUN
and GARY HOOSER

The 2008 E-Waste Recycling bill represents important legislation to reduce the input to Hawaii's solid waste stream.

S. Beretania-Keeaumoku Streets



Much Needed Office Space for Healthcare Services Comes to Makiki

Hale Pāwa'a, one of Makiki's newest neighbors, breaks ground to build office space that will provide valuable services to community residents and residents-at-large.

The Shortlist

COFFEE TALK

Coffee Talk is an open forum for district residents to talk with Rep. Belatti about what's going on in our neighborhood and at the Legislature. Please come share your concerns and ideas about the issues that are important to you.

The following Coffee Talk events are scheduled for the respective community residents listed:

MONDAY, APRIL 28

One Kalakaua Senior Living,
Multipurpose Room @ 1:30pm
With guest speaker, Detective Miles Jung,
HPD, to speak about "Identity Theft: How
to Protect Yourself and What to do If You
Are a Victim".

WEDNESDAY, APRIL 30

Open to ALL District 25 Residents,
Makiki District Park, Arts & Crafts Bldg
6:00-8:00pm
With guest speakers from the House of
Representatives to speak about their respec-
tive legislative areas:

- Chair of the Committee on Finance
Marcus Oshiro
- Chair of the Committee on Education
Roy Takumi
- Chair of the Committee on Energy and
Environmental Protection Mina Morita.

Refreshments and light snacks will be
provided. Seating is offered on a first
come first serve basis.

For more information about any of these
events contact Berna Fo at 586-9425 or via
email at fo@capitol.hawaii.gov.

District 25 News

To comment on something written in
District 25 News or to request regular
e-delivery, please write to us at:

Representative Della Au Belatti
State Capitol, Room 331
Honolulu, HI 96813
repbelatti@capitol.hawaii.gov

Are You Ready for the DTV Transition?

On February 17, 2009, TV stations will broadcast only in the digital television or DTV format. DTV is a new over-the-air broadcasting technology that transmits pictures over the airwaves in data bits, like a computer. DTV enables stations to provide clearer pictures, better sound quality and more programming choices.

Consumers who receive free broadcast signals through antennas on TVs that are equipped with analog tuners—and who do not subscribe to cable, satellite or a telephone

company service provider—will be affected by this transition. Viewers who pay for TV services such as cable, satellite or phone company services should not be affected or need to upgrade their sets.

You can upgrade to DTV by choosing one of three options by February 17, 2009:

DTV converter box: Purchase a DTV converter box that plugs into your existing analog TV. A box is expected to cost between \$40-\$70. The federal government is providing \$40 coupons to be used for the purchase of these boxes. For more information or to request a coupon, call 1-888-DTV-2009 or 1-887-530-2634, or visit www.DTV2009.gov

Digital TV set: Purchase a new TV with a built-in digital or Advanced Television Systems Committee tuner.

Paid service: Subscribe to cable, satellite or a phone company service provider to continue using your analog TV set, if all desired broadcast stations are carried by that service.

For more information about the DTV Transition, visit www.dtvanswers.com.

New QUEST-Ace Eligibility Requirements Make More Room for Adults Without Healthcare

The Department of Human Services recently loosened the minimum requirements for the state subsidized QUEST-Adult Coverage Expansion or QUEST-Ace health program. Changes were made to allow those who did not previously qualify for QUEST-Ace to have a chance to qualify for free health coverage.

The State hopes the expanded program will cover those who fall in the "gap group" of uninsured adults whose incomes are too high to qualify for state subsidized programs or too low to pay for private health plans. This gap group includes part-time workers, people who lost jobs and cannot afford to continue coverage, and others who lack insurance but do not qualify for the primary QUEST program.

How much does QUEST-Ace cost each month?

Nothing, there is no premium to pay for those who qualify.

Who qualifies for QUEST-Ace?

Adults who:

- Are age 19 years or older;
- Live in the State of Hawaii;
- Are a US citizen or qualified alien;

- Have a Social Security Number;
- Do not live in a public institution;
- Are not eligible and not covered by a health plan or Medicare; and
- Meet the Hawaii QUEST-Ace program's income and asset limits

What are the income limits?

QUEST-Ace now provides coverage for adults who earn up to 200% of the Federal Poverty Level. This means for 2008, single adults who make less than \$1,994 a month or \$23,928 annually, and married adults who make less than \$2,684 a month or \$32,288 annually.

What are the asset limits?

\$2,000.00 for a household of one.
\$3,000.00 for a household of two.

What is considered an asset?

Assets are any possessions that have monetary value. These include cash; bank accounts (checking & savings); stocks, bonds and annuities; certificates of deposit or a trust payable to you or your spouse; cash value of life insurance policies; as well as jewelry and other personal items.

What medical benefits does QUEST-Ace offer?

QUEST-Ace coverage includes:

- Twelve outpatient physician visits per year;
- Ten inpatient hospital days per year and inpatient physician visits for medically necessary medical care, surgery, psychiatric care and substance abuse treatment;
- Six mental health visits per year;
- Prescription drugs (includes certain antibiotic and specific contraceptives only);
- Emergency room services; and
- Dental services (limited preventive and restorative dental benefits and other services).

For more information about QUEST-Ace, to find out if you qualify, or to request an application or for assistance completing an application, please contact the Department of Human Services Customer Service Section at 524-3370 (Oahu) or 1-800-316-8005 (toll free for the Neighbor Islands). TTY users can call statewide, toll free at 1-800-603-1201. Translation services are available.

E-Waste Recycling Is Balanced Step Towards Sustainability

By REPRESENTATIVE DELLA AU BELATTI, REPRESENTATIVE MELE CARROLL,
SENATOR GARY HOOSER and SENATOR RUSSELL KOKOBUN

With landfills reaching near or beyond capacity on all our islands, how we collectively manage and reduce our waste is a pressing statewide concern. Senate Bill 2843, introduced as part of the Joint House-Senate Majority package, seeks to address this concern by tackling the problem of electronic waste or E-waste.

Ever advancing technology has created a world of limitless choices. We can select from desktop or laptop computers, iPods or MP3 players, LCD or plasma screen TVs, cell phones or smart phones, just to name a few. Clearly, electronic devices have become essential to our daily lives.

While each of us is guilty of our own addiction to PDA's, MP3's, or HDTV screens, society generally has failed to deal with the unconscionable effects of disposing of our

quantities of lead and other heavy metals found in electronic devices. When disposed of in landfills or incinerated, these hazardous components are released into our soil, groundwater, and air.

Many states deal with their E-Waste by shipping it off to foreign countries where environmental standards are less stringent or poorly enforced. As mass consumers of hazardous goods, we have an obligation to protect the local and global environment for future generations.

Under Senate Bill 2843, now being considered by a House-Senate Conference Committee, the State would adopt a manufacturer responsibility approach that has gained the support of county agencies, the Department of Education, the University of Hawai'i, local retailers, and national manufacturers like Hewlett Packard and

Apple, Inc. This approach shares the responsibility for E-Waste recycling between manufacturers, retailers, consumers, and government.

Senate Bill 2843 requires manufacturers to register with the State, clearly label their electronic devices, and develop a plan to establish and manage a program for collection and recycling. By taking charge of their own recycling programs, manufacturers are encouraged to consider consumer convenience in the recycling process and are further motivated to create products that are reusable and safer for the environment.

Retailers are responsible for informing consumers about

the recycling program and selling only labeled products from registered manufacturers. Consumers play their part by recycling their E-Waste according to the plans established by the manufacturer. State government, through the Department of Health, would be responsible for ensuring compliance of manufacturers and their plans with the law, overseeing registration of manufacturers who sell their covered electronic devices in the State, and managing the Electronic Device Recycling Fund into which manufacturers pay an annual registration fee to be used for implementing and enforcing the E-Waste

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“There is no universally accepted definition of e-waste, but it generally refers to obsolete, broken, or irreparable electronic equipment such as televisions, computers and computer monitors, laptops, printers, cell phones, VCRs, DVD players, copiers, fax machines, stereos, and video gaming systems. State and local agencies, particularly municipal waste management agencies, have become increasingly concerned about the landfill disposal or incineration of e-waste because of the large volumes in which it is being generated and because of the hazardous constituents the waste may contain.”

Source: CRS Report for Congress “Managing Electronic Waste: An Analysis of State E-Waste Legislation”, 29 April 2007.

electronic waste or E-Waste. Rapidly developing technology renders our “old” devices obsolete in barely a year or two. What happens to these discarded devices as we purchase newer computers, cell phones, and other electronics?

In 2005 alone, the Environmental Protection Agency estimated that between 1.9 and 2.2 million tons of electronics became obsolete. Of that amount, between 1.5 and 1.9 million tons were discarded, primarily in county landfills. While this may seem like an everyday trash issue, E-Waste is a grave concern because of the significant

Blessing Ceremony for Hale Pāwa‘a, New Healthcare Professional Services Center

Healthcare Realty Trust (Healthcare Realty) recently held a traditional Hawaiian blessing ceremony for Hale Pāwa‘a, a professional services building that will be located at the corner of Ke‘eaumoku and Beretania streets. Construction will start this spring and is expected to be completed in early 2010.

“Hale Pāwa‘a is part of a revitalization effort that reaches from Ala Moana to Makiki,” said Rep. Della Au Belatti. “Hale Pāwa‘a adds much-needed medical office space to urban Honolulu and gives health care providers a central place to provide valuable services to residents of our community.”

The building will be nine stories tall and have approximately 127,000 square feet of rentable space, with approximately 400 parking stalls in a separate eight-story garage.

“We are excited about the start of Hale Pāwa‘a. We look forward to building a long-term relationship with the community,” said Amy Poley, vice president of real estate investments for Healthcare Realty.

Tenants will have the opportunity to custom design their suites and Hale Pāwa‘a will be able to accommodate a wide variety of office space sizes, both large and small. There has already been considerable interest by potential tenants.

The Story of Hale Pāwa‘a

After purchasing the property, Healthcare Realty asked a Native Hawaiian cultural resource group to help it better understand the historical significance of the site. The group advised Healthcare Realty that Pāwa‘a is one of the original place names for the region, and that former area landmarks, including a theater and a police station, incorporated the name. They recommended the building be called Hale Pāwa‘a.

Loosely translated, this means



Members of the Hale Pāwa‘a project team, along with Councilman Rod Tam and Representative Belatti, turn the earth with their ‘ō‘ō sticks.

House of the Touching Canoes (Hale meaning house and Pāwa‘a meaning canoe enclosure or the touching of canoes). It is believed that the Pāwa‘a area is where canoes were brought by canal from the sea at Waikīkī.

“It’s refreshing for a developer to seek guidance from the Native Hawaiian community on the name of their project,” said Aaron Mahi, former Royal Hawaiian Band bandmaster. “Healthcare Realty consulted with us and respected the history of this land by paying homage to the traditions and culture of the area.”

Healthcare Realty is a real estate investment trust headquartered in Nashville, TN, that specializes in developing, owning and managing healthcare-related properties – specifically, medical office buildings. The company has been in business since 1992, and owns properties in 24 states, including Hawai‘i. Since 2003 it has owned and managed office buildings at Kapi‘olani Medical Center for Women and Children and Kapi‘olani Medical Center at Pali Momi.

Construction Update

Healthcare Realty recently demolished two buildings (the former Bartending Academy and 3-story walk-up apartment behind it) on the Beretania Street portion of the parcel, and began erecting the construction fence around the perimeter.

Actual construction is expected to start in late June/early July and begin with foundation work. Before then, Healthcare Realty will ask to go before the district Neighborhood Board to provide a brief presentation on what the neighborhood can expect to happen next.

If you would like to find out more about upcoming construction activities or to report problems on-site, please contact:

- General Contractor:
Dee Oswald, Kiewit Building Group – 457-4500.
- Construction Manager:
Chip Doyle, Group Pacific (Hawaii) – 533-0107.

Meanwhile, for additional information, please visit the project website at www.halepawaa.com.

Managed Care Could Offset Healthcare Costs

By MAX G. BOTTICELLI, M.D.

It makes sense to treat a simple headache with an aspirin. If the headache persists, it makes sense to examine whether it's a symptom of a much more serious malady.

So it is with our healthcare. For years now, we've been living with the headache of rising healthcare costs without fully examining its causes, leaving the industry in a state of hyperinflation — a critical condition.



District 25 resident Max Botticelli, M.D. is president and chief executive officer of University Health Alliance, Hawaii's third-largest commercial health insurer and mutual benefit society with approximately 40,000 members and over 2,000 participating providers statewide. Dr. Botticelli is currently a board member of Wakiki Health Center.

The Congressional Budget Office Report, "The Long Term Outlook for Health Care Spending," concludes that unless something is done, "federal spending on health care will reach unsustainable levels." According to this report, in 1960 healthcare spending as a percent of Gross Domestic Product was about 5 percent. In 2005, it was 14.9 percent and it is projected to reach 25 percent in 2025 and 49 percent in 2082.

The consequences of healthcare hyperinflation are obvious: we have less money to cover other basic necessities; employer-based health insurance programs are threatened; the number of uninsured has increased; Medicare and Medicaid continue to reduce reimbursements to providers with the result that more physicians, struggling to cover costs that include hefty malpractice insurance premiums, are deciding to leave.

It is convenient, but misdirected, to focus on health plans and premium rates as the problem. According to the Centers for Medicaid and Medicare Services, health insurance pre-

miums grew 7.2 percent a year from 1993 to 2003, while healthcare costs grew 7.3 percent a year during the same period. Premium rates do not drive costs — costs drive premium rates. They are a symptom of a problem with multiple causes:

Problems with the quality of care.

These have been identified by the report of the NIH Institute of Medicine, National Roundtable on Health Care Quality: overuse, or unneces-

sary care such as prescribing antibiotics to treat a common cold; underuse, such as inadequate use of mammograms and other effective preventive tools; and misuse, such as preventable

drug interactions. Problems with overuse, misuse and underuse account for an estimated 30 percent of total healthcare costs!

Consumer demand. Consumer demand for health-care services results from new and expensive medical treatments and an aging population. But our unhealthy lifestyles are also a major contributor. Obesity, inactivity and tobacco use account for a significant portion of total healthcare spending. In addition, consumers, unaware of the value of the drugs and services they receive, are not as frugal as they are when they buy food, clothing and household goods.

Malpractice insurance and defensive medicine. Malpractice insurance and overuse resulting from defensive medicine — the practice of ordering additional diagnostic tests and drugs to protect against malpractice suits — contribute significantly to healthcare costs.

Hospital and physician reimbursements. Physician providers are paid according to the quantity of services

they provide. To increase income to cover increased business costs or personal expenses, they must increase either the number of patients they care for or the frequency of visits from the same number of patients. Thus, the steady reduction of Medicare and Medicaid provider reimbursements has encouraged overuse and discouraged acceptance of chronically ill patients who require more time.

The solution? Managed care.

We may not like it, but managed care is the only real solution available to deflate the ballooning cost of healthcare. Most national health programs manage care by rationing, or reducing the availability of services. Another model manages use through gate-keeping. Both work but are unlikely to be embraced by Americans.

More acceptable, perhaps, are the following solutions:

- Consumer-directed health plans which make consumers more responsible for their healthcare decisions.
- Pay for performance, which reimburses providers for the quality rather than the quantity of services they provide.
- Value-based insurance plans that remove financial barriers to preventive services and chronic disease management while increasing consumer financial responsibility for less valuable services.
- Worksite wellness programs that engage employers in efforts to improve the health of their employees.

The reward for bringing healthcare inflation under control is huge. It would improve Medicare financing,

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The Makiki Bus Brigade Comes to Town

April 12, 2008—Over 30 volunteers representing Roosevelt High School's Leo Club, Maryknoll School's Robotics Team, and other community members formed the first Makiki Bus Brigade to wash,

sweep, wipe down and paint more than 20 bus stops throughout Makiki. To participate in future Makiki Bus Brigades, please contact my office at 586-9425 or at repbelatti@capitol.hawaii.gov.



Maryknoll High School freshmen Dede Pham, Alison Calabredes, and Kelsey Weeks, work with Rep. Della Au Belatti to collect left-over paint from the various teams.



The Punahou Street-Wilder Avenue bus shelter received a thorough cleaning by volunteers Ray Marugame, Donald Au and Lenny Au.

E-Waste *continued from page 3*

recycling law.

Currently, at least 12 states have enacted E-Waste recycling laws, with most states adopting the manufacturer approach that Hawai'i is considering. As individual consumers, we need to take a proactive approach to dealing with our used goods. Recycling is something all of us can do now to help move us toward our goal of sustainability in 2050.

By adopting legislation like Senate Bill 2843, we can collectively take a huge step towards sustainability and make a community commitment to reduce the amount of waste in all of our county landfills, protect people and the environment from hazardous materials that contaminate our soil, groundwater and air, and encourage manufacturers to develop products that are recyclable, all while continuing to purchase the latest generation of our favorite iPod or MP3 player.

Rep. Belatti represents Makiki, Tantalus & McCully on the island of Oahu; Rep. Carroll represents East Maui, and the islands of Molokai and Lanai; Sen. Hooser represents the island of Kauai and Niihau; and Sen. Kokubun represents South Hilo, Puna and Kau on the island of Hawaii.

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Managed healthcare *continued from page 5*

allow Medicaid to expand its programs to include at least some of the uninsured, reduce healthcare costs for employers, increase access to physicians and hospitals and, most importantly, improve the quality of healthcare for those who need it.

Can it happen? You bet your life. But only if we begin focusing on the causes of healthcare hyperinflation rather than the symptoms.

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